

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
(Other instructions on
reverse side)

061707

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3509
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR P.O. Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL, 1650' FWL, NE/NW		8. FARM OR LEASE NAME Ute Tribal
10. PERMIT NO. 43-013-31187		9. WELL NO. 2-10
11. ELEVATIONS (Show whether SP, RT, OR, etc.) GL 5958'		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR B.L. AND SUBSET OF AREA Sec. 10, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☒

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/10/87 ✓ Spudded well 6/9/87 at 10:00AM, León Ross rathole rig.
Drilled to 275' with 12-1/4" hole, ran 14' of 13-3/8" conductor. SDON

6/10/87 Drilling

6/11/87 Yesterday, TD at 410' with 12-1/4" hole. Ran 10 jts. 8-5/8" 2400# casing, STC J-55, landed at 403'. Pumped 20 BW, 20 Bbls. gelled water, 250 sks. Class G + 2% CaCL + 1/4# floccel, full cmt. returns to surface.

PD at 10:00 PM 6/10/87. WO drilling rig.

RECEIVED
JUN 15 1987

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE 6/11/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3509 <i>Daly</i>
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTED LAND Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600'FNL, 1650'FWL, NE/NW		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-311/87		9. WELL NO. 2-10
15. ELEVATIONS (Show whether SP, RT, GA, etc.) 5958'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

Progress Report

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/11 to

6/21/87 WO drilling rig.

6/22/87 MI Olsen Rig #5, started drilling.

6/23 to

6/25/87 Drilled to 3206' this AM, drilling ahead.

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JUN 29 1987DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

6-26-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPOD VIEW
(Other instructions on
reverse side)

070743

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3509	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe <i>Dulg.</i>	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL, 1650' FWL, NE/NW		8. FARM OR LEASE NAME Ute Tribal	
10. PERMIT NO. 43-013-311187		9. WELL NO. 2-10	
11. ELEVATIONS (Show whether SF, ST, OR, etc.) 5958' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
12. COUNTY OR PARISH Duchesne		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T5S-R3W	
13. STATE Utah			

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

Progress Report

(Note: Report results of multiple completion on Well
(Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/26 to

6/30/87

Drilled to TD at 6770', RIH w/140 jts of 5-1/2" 15.50#
STC J55 casing, landed casing at 5631', cemented w/300 sx.
lite cement w/1/2#/sx. floreal and 1000 sx. 50/50 pozmix
w/10% salt, 2% gel.

7/1 until
further notice:

Well SI, WO completion tools.

RECEIVED
JUL 06 1987

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin
R. L. Martin

TITLE

V.P. O/G Operations

DATE

7-1-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBJECT: IN PROGRESS
(Use instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3509
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe 072902
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL, 1650' FWL, NE/NW		8. FARM OR LEASE NAME Ute Tribal
5. PERMIT NO. 43-013-311187		9. WELL NO. 2-10
16. ELEVATIONS (Show whether SV, RT, OR, etc.) 5958' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 10, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☒
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Progress Report

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

7/1 to
7/17/87 WO completion rig.

7/18/87 MIRU General Well Service.

7/19 to
7/21/87 Ran CBL log, VDL-GR logs from PBTD at 5562-1850', perf'd as follows:
5069-78', 5089-5103' w/4" casing gun, 23 gram charges, 2 SPF totaling
50 shots.

7/22/87 Broke down perfs w/65 ball sealers and KCL water. Fraced w/99,000# 20/40
sand, 12,000# 12/20 sand, 1265 bbls gel water.

7/23 to
present Swabbing and flowing well back after frac.

RECEIVED
JUL 27 1987

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

7-24-87

R. L. Martin

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDY IN FRIED VTE
(Other instructions on
reverse side)

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SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3509 <i>Daly</i>	
2. NAME OF OPERATOR Coors Energy Company (303) 278-7030		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribal	
3. ADDRESS OF OPERATOR P.O. Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL, 1650' FWL, NE/NW		8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. 43-013-31187		9. WELL NO. 2-10	
15. ELEVATIONS (Show whether SP, RT, OR, etc.) 5958' GL - 5972.5' KB		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 10, T5S-R3W	
12. COUNTY OR PARISH Duchesne		13. STATE Utah	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>First Day of Production</u>	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well (Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Date of first production: 8/7/87

Sales from this well will be made to the following:

OIL:

Texaco Trading & Transportation
P.O. Box 5568
Denver, Colorado 80217

GAS:

Coors Energy Company
P.O. Box 467
Golden, Colorado 80402

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AUG 14 1987

DIVISION OF OIL
GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R.L. Martin
R.L. Martin

TITLE V.P. O/G Operations

DATE 8/12/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3509
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTED OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600'FNL, 1650'FWL, NE/NW		8. FARM OR LEASE NAME Ute Tribal
5. WELL NO. 2-10		9. FIELD AND POOL, OR WILDCAT Antelope Creek
10. FIELD AND POOL, OR WILDCAT Antelope Creek		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 10, T5S-R3W
14. PERMIT NO. 43-013-31187	15. ELEVATIONS (Show whether OF, AT, OR, etc.) 5958'GL	12. COUNTY OR PARISH Duchesne
		13. STATE Utah

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AUG 24 1987DIVISION OF OIL
GAS & MINING

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETS ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/7/87 First day of production: 8/7/87, started pump at 11:00AM.

Sales from this well will be made to the following:

OilGasTexaco Trading & Transportation
PO Box 5568
Denver, Colo. 80217Coors Energy Company
PO Box 467
Golden, Colorado 80402

This well is presently pump testing.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin
R. L. Martin

TITLE

V.P. O/G Operations

DATE

8-19-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☒ GAS WELL ☒ DRY ☐ Other _____
A. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REVR. ☐ Other _____2. NAME OF OPERATOR
Coors Energy Company (303) 278-70303. ADDRESS OF OPERATOR
PO Box 467, Golden, Colorado 80402

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 600' FNL, 1650' FWL, NE/NW

At top prod. interval reported below
sameAt total depth
same

14. PERMIT NO. 43-013-31187 DATE ISSUED 3/27/87

RECEIVED
AUG 24 1987DIVISION OF OIL
GAS & MINING5. LEASE DESIGNATION AND SERIAL NO.
14-20-H62-35096. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ute Tribe7. UNIT AGREEMENT NAME
-----8. FARM OR LEASE NAME
Ute Tribal9. WELL NO.
2-1010. FIELD AND POOL, OR WILDCAT
Antelope Creek11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 10, T5S-R3W

12. COUNTY OR
PARISH Duchesne13. STATE
Utah

15. DATE SPUDDED 6/9/87 16. DATE T.D. REACHED 6/30/87 17. DATE COMPL. (Ready to prod.) 7/28/87 18. ELEVATIONS (DP, RER, RT, OR, ETC.)* 5958' GL 5972.5' KE 19. ELEV. CASING HEAD -----

20. TOTAL DEPTH, MD & TVD 6770' 21. PLUG BACK T.D., MD & TVD 5562' 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY --- 24. ROTARY TOOLS 0-6770' 25. CABLE TOOLS no

24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*

Green River: 5069-5103'

25. WAS DIRECTIONAL
SURVEY MADE
no

26. TYPE ELECTRIC AND OTHER LOGS RUN

CBL-CNL-DIL 8-24-87

27. WAS WELL COILED
sidewall

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB/FT.	DEPTH SET (MD)	MOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"		14'	17-1/2"		
8-5/8"	24.00#	403'	12-1/4"	250 sx.	
5-1/2"	15.50#	5631'	7-7/8"	1300 sx.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5140'	

31. PERFORATION RECORD (Interval, size and number)

5069-78', 5089-5103' w/4" gun,
23 gram charges, 2 SPF, totaling 50
shots

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5069-5103'	65 ball sealers, 99000# 20/40 sand, 12000# 12/20 sand, 1265 bbls fluid

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8/7/87		Pumping, 2-1/2" x 1-1/4" x 15-1/2' pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
8/13/87	24	--	→	54	15	13	278:1
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
30	35	→	54	15	13	40+	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

Jim Simonton

35. LIST OF ATTACHMENTS

Above listed logs are enclosed

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

8-20-87

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TEST DEPTH
Green River	1534'					
Green River- Upper Douglas Creek	4746'					

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		5. LEASE DESIGNATION & SERIAL NO. 14-20-H62-3509
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
2. NAME OF OPERATOR Coors Energy Company		7. UNIT AGREEMENT NAME ----
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402 OCT 03 1990		8. FARM OR LEASE NAME Ute Tribal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL, 1650' FWL, NE/NW At proposed prod. zone same		9. WELL NO. 2-10
14. API NO. 43-013-31187		10. FIELD AND POOL, OR WILDCAT Antelope Creek
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5958' GL, 5972' KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T5S-R3W
12. COUNTY Duchesne		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

APPROX. DATE WORK WILL START _____

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Progress Report</u>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

DATE OF COMPLETION _____

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

9/12/90 MIRU B&B Well Service to perf. additional interval in the Green River formation, set 5-1/2" RBP at 4800'. Perf'd from 4532-44', 2 SPF totaling 24 holes and from 4253-60', 4266-73', 4295-4301', 4316-22' totaling 26 shots (50 together). Broke down above perfs w/125 7/8" B.S., 200 bbls 2% KCL water.

9/13/90 Swabbed well and SI pending frac, fraced perfs from 4253-4532' w/1848 BW, 78,000# 20/40 sand, 53,000# 16/30 sand.

9/14 to 9/18/90

9/19 to 9/21/90 Flowed well back, RIH w/2-1/2" x 1-1/4" x 12' top hold down pump, 115 3/4" and 67 7/8" plain rods. Resumed production at noon 9/22/90.

18. I hereby certify that the foregoing is true and correct

SIGNED B. S. Sprague
 (This space for Federal or State office use)

TITLE Manager, Engineering/Operations

DATE 10-1-90

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well: OIL ☒ GAS ☐ OTHER:

2. Name of Operator:
PETROGLYPH OPERATING COMPANY, INC.

3. Address and Telephone Number:
P. O. BOX 1807, Hutchinson, KS 67504-1807 316-665-8500

4. Location of Well
Footages: 600' FNL & 1650' FWL
OO, Sec., T., R., M.: NE NW 10- T5S-R3W, U.S.M.

5. Lease Designation and Serial Number:
14-20-H62- 3509

6. If Indian, Allocated or Tribe Name:
UTE TRIBAL

7. Unit Agreement Name:
N/A

8. Well Name and Number:
Ute Tribal 2-10

9. API Well Number:
43-013-31187

10. Field and Pool, or Wildcat:
Antelope Creek Field
Green River Pool

County: DUCHESNE

State: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other CHANGE OF OPERATOR | |

Approximate date of change of work ~~work~~ 3-1-94

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other _____ | |

Date of work completion _____

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

change of operator from Evertson Oil Company, Inc. to
Petroglyph Operating Company, Inc. effective 3-1-94

13. PETROGLYPH OPERATING COMPANY, INC.

Name & Signature: _____ Title: President

Date: 2-25-94

R. A. CHRISTENSEN

(This space for State use only)

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well: OIL ☒ GAS ☐ OTHER:

2. Name of Operator:
EVERTSON OIL COMPANY, INC.

3. Address and Telephone Number:

P. O. Box 397, Kimball, NE 69145 308-235-4871

4. Location of Well

Footage: 600' FNL & 1650' FWL

CO. Sec., T., R., M.: NE NW 10- T5S-R3W, U.S.M.

5. Lease Designation and Serial Number:

14-20-H62- 3509

6. If Indian, Altkose or Tribe Name:

UTE TRIBAL

7. Unit Agreement Name:

N/A

8. Well Name and Number:

Ute Tribal 2-10

9. API Well Number:

43-013-31187

10. Field and Pool, or Wildcat:

Antelope Creek Field
Green River Pool

County: DUCHESNE

State: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT

(Submit in Duplicate)

- | | |
|---|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other <u>CHANGE OF OPERATOR</u> | |

Approximate date of change 3-1-94

SUBSEQUENT REPORT

(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other _____ | |

Date of work completion _____

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

change of operator from Evertson Oil Company, Inc. to
Petroglyph Operating Company, Inc. effective 3-1-94

13.

EVERTSON OIL COMPANY, INC.

Name & Signature:

Title: V. President

Date: 2-25-94

Bruce F. Evertson

(This space for State use only)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Petroglyph Operating Company, Inc.

3. Address and Telephone No.

6209 N. Highway 61 Hutchinson, KS 67502 (316) 665-8500

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NENW 600 FNL & 1650 FWL
10-5S-3W

5. Lease Designation and Serial No.
14-20-H62-3509

6. If Indian, Allottee or Tribe Name
Ute Indian Tribe

7. If Unit or CA, Agreement Designation
14-20-H62-4650

8. Well Name and No.
Ute Tribal 2-10

9. API Well No.
43-013-31187

10. Field and Pool, or Exploratory Area
Antelope Creek

11. County or Parish, State
Duchesne County, UT

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other

well name change

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In an effort to bring all of the existing wells and the anticipated wells to be drilled into a uniform numbering system, based on 40 acre locations, each well name will be changed to consist of its section location followed by the correct number of its well spot, based upon 16 wells per section.

Petroglyph Operating Company, Inc. would like to notify by subsequent report that the above referenced well name has been changed to **Ute Tribal 10-03**. This will be effective January 1, 1996.

14. I hereby certify that the foregoing is true and correct

Signed

Title

President

1/25/96

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623509
2. NAME OF OPERATOR: PETROGLYPH OPERATING COMPANY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE INDIAN TRIBE
3. ADDRESS OF OPERATOR: PO BOX 607 CITY ROOSEVELT STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 1420H624650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 600' FLS & 1650' FWL		8. WELL NAME and NUMBER: UTE TRIBAL 10-03
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NENW 10 T5S R3W		9. API NUMBER: 4301331187
COUNTY: DUCHESNE		10. FIELD AND POOL, OR WILDCAT: ANTELOPE CREEK
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input checked="" type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The well is still a producing oil well. Petroglyph Operating Company intends to do a recompleat in the Green River formation. Petroglyph intends to start this project on or around 9/17/2011. Petroglyph intends to perf : 5975'-5979', 5896'-5901', 5836'-5840', 5748'-5751', 5716'-5725', 5373'-5375', 5260'-5267', 4950'-4957', 4533'-4543'. Perforations will be fraced via 3 1/2" N-80 tubing with packer and plug for isolation. Frac fluid containing 17# XL XLF gelled fluid with 20/40 mesh sand ramp to 6# ppg. All perforating guns 3 1/8" Titan containing: 22.7 gram charges, 0.43" EHD, 23.5" TTP @ 4 spf @ 120* phased. 3 1/2" tubing, packer, and plug will be pulled. Production tubing and rod pump will be run and placed on production. Subsequent report will follow upon recompleat.

COPY SENT TO OPERATOR

Date: **AUG 29 2011**

Initials: **KS**

NAME (PLEASE PRINT) <u>Leon Roush</u>	TITLE <u>Rig Supervisor</u>
SIGNATURE <u><i>Leon Roush</i></u>	DATE <u>8/11/2011</u>

(This space for State use only)

Accepted by the
Utah Division of
Oil, Gas and Mining

Date: 8/24/2011
By: *[Signature]*
*Cause 214-02

(See Instructions on Reverse Side)

RECEIVED

AUG 17 2011

DIV. OF OIL, GAS & MINING

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623509
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE
		7. UNIT or CA AGREEMENT NAME:
1. TYPE OF WELL Oil Well	8. WELL NAME and NUMBER: UTE TRIBAL 10-03	
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		9. API NUMBER: 43013311870000
3. ADDRESS OF OPERATOR: 960 Broadway Ave, Ste 500, Bosie, ID, 83703	PHONE NUMBER: 208 685-7674 Ext	9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0600 FNL 1650 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NENW Section: 10 Township: 05.0S Range: 03.0W Meridian: U		COUNTY: DUCHESNE
		STATE: UTAH

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 5/31/2012	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input type="text"/>	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 5/15/2012 Petroglyph Operating made a bit and scraper run past all existing perforations and added the following perforations: 5260-5267, 5069-5078, 4950-4957, 4699-4704, 4533-4543, 4316-4322, 4307-4310, 4295-4301, 4266-4273 & 4253-4260. We used a packer and plug for isolation and frac'd the following: 4533-4704 w/ 386 Bbls fluid containing 25,471#'s of sand, 4950-4957 w/ 303 Bbls fluid containing 15,661#'s of sand, 5236-5375 w/ 611 Bbls fluid containing 24,646#'s of sand. All fluid used was Delta 140 gelled fluid. Sand was 20/40 mesh premium white. Perf guns were Titan 3 1/8" containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 spf @ 120* phased. Well was cleaned out to 5580', swabbed until a good oil cut was seen, pump was ran, and well was put to production 5/31/2012.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 July 11, 2012

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A		DATE 7/9/2012

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

AMENDED REPORT ☐ FORM 8
(highlight changes)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3509
b. TYPE OF WORK: NEW WELL <input type="checkbox"/> HORIZ. LATS. <input type="checkbox"/> DEEP-EN <input type="checkbox"/> RE-ENTRY <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <u>Recompletion</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indian Tribe
2. NAME OF OPERATOR: Petroglyph Operating Company, Inc.		7. UNIT or CA AGREEMENT NAME 14-20-H62-4650
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		8. WELL NAME and NUMBER: Ute Tribal 10-03
4. LOCATION OF WELL (FOOTAGES) AT SURFACE: 600' FNL, 150' FWL 1650 FWL AT TOP PRODUCING INTERVAL REPORTED BELOW: AT TOTAL DEPTH:		9. API NUMBER: 4301331187
10. FIELD AND POOL, OR WILDCAT Antelope Creek		11. QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NENW 10 5S 3W
12. COUNTY Duchesne		13. STATE UTAH

14. DATE SPURRED: 6/9/1987	15. DATE T.D. REACHED: 6/30/1987	16. DATE COMPLETED: 5/31/2012	ABANDONED <input type="checkbox"/> READY TO PRODUCE <input checked="" type="checkbox"/>	17. ELEVATIONS (DF, RKB, RT, GL): 5958 GL
18. TOTAL DEPTH: MD 6,770 TVD 6,770	19. PLUG BACK T.D.: MD 5,562 TVD 5,562	20. IF MULTIPLE COMPLETIONS, HOW MANY? *		21. DEPTH BRIDGE MD PLUG SET: TVD
22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) All logs previously submitted			23. WAS WELL CORED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit analysis) WAS DST RUN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit report) DIRECTIONAL SURVEY? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit copy)	

24. CASING AND LINER RECORD (Report all strings set in well)

HOLE SIZE	SIZE/GRADE	WEIGHT (#/ft.)	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	CEMENT TYPE & NO. OF SACKS	SLURRY VOLUME (BBL)	CEMENT TOP **	AMOUNT PULLED
17.5	13.375		0	14					
12.25	8.625 J-55	24	0	403		G 250			
7.875	5.5 J-55	15.5	0	5,631		G 1,300			

25. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
2.875	5,287							

26. PRODUCING INTERVALS

FORMATION NAME	TOP (MD)	BOTTOM (MD)	TOP (TVD)	BOTTOM (TVD)	INTERVAL (Top/Bot - MD)	SIZE	NO. HOLES	PERFORATION STATUS
(A) Green River	4,253	5,266			4,253 4,704	0.42	176	Open <input checked="" type="checkbox"/> Squeezed <input type="checkbox"/>
(B)					4,950 4,957	0.42	28	Open <input checked="" type="checkbox"/> Squeezed <input type="checkbox"/>
(C)					5,069 5,267	0.42	120	Open <input checked="" type="checkbox"/> Squeezed <input type="checkbox"/>
(D)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>

27. PERFORATION RECORD

28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND TYPE OF MATERIAL
4533-4704	386 Bbls Delta 140 15# gelled fluid. 25,471#s 20/40 mesh sand.
4950-4957	303 Bbls Delta 140 15# gelled fluid. 15,661#s 20/40 mesh sand.
5236-5375	611 Bbls Delta 140 15# gelled fluid. 24,646#s 20/40 mesh sand.

29. ENCLOSED ATTACHMENTS:

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> ELECTRICAL/MECHANICAL LOGS | <input type="checkbox"/> GEOLOGIC REPORT | <input type="checkbox"/> DST REPORT | <input type="checkbox"/> DIRECTIONAL SURVEY |
| <input type="checkbox"/> SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION | <input type="checkbox"/> CORE ANALYSIS | <input type="checkbox"/> OTHER: _____ | |

POW

31. INITIAL PRODUCTION

INTERVAL A (As shown in Item #26)

DATE FIRST PRODUCED: 5/31/2012		TEST DATE: 6/28/2012		HOURS TESTED: 24		TEST PRODUCTION RATES: →		OIL – BBL: 3		GAS – MCF: 47		WATER – BBL: 40		PROD. METHOD: Rod Pump	
CHOKE SIZE: NA	TBG. PRESS. 40	CSG. PRESS. 40	API GRAVITY 36.90	BTU – GAS 1	GAS/OIL RATIO 15,667	24 HR PRODUCTION RATES: →		OIL – BBL: 3		GAS – MCF: 47		WATER – BBL: 40		INTERVAL STATUS: Open	

INTERVAL B (As shown in Item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL C (As shown in Item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL D (As shown in Item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used for Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Green River Green River-Upper Douglas Creek	1,534 4,746

35. ADDITIONAL REMARKS (Include plugging procedure)

All frac and perf info is condensed. Please see NOI and Subsequent Frac Sundry for detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance Spc.SIGNATURE DATE 7/18/2012

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation

- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623509
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME:
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: UTE TRIBAL 10-03
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0600 FNL 1650 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NENW Section: 10 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013311870000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		


11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 4/22/2013	<input type="checkbox"/> ALTER CASING
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS
	<input checked="" type="checkbox"/> CHANGE WELL STATUS
	<input type="checkbox"/> CHANGE TUBING
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS
	<input type="checkbox"/> CONVERT WELL TYPE
	<input type="checkbox"/> DEEPEN
	<input type="checkbox"/> FRACTURE TREAT
	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE
	<input type="checkbox"/> PLUG AND ABANDON
	<input type="checkbox"/> PLUG BACK
	<input type="checkbox"/> PRODUCTION START OR RESUME
	<input type="checkbox"/> RECLAMATION OF WELL SITE
	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF
	<input type="checkbox"/> SI TA STATUS EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION
	<input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
 Please change this well's status to Shut In. This well will be evaluated for conversion to injection well.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 April 23, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 4/22/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING						FORM 3 AMENDED REPORT <input type="checkbox"/>				
APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Ute Tribal 10-04				
2. TYPE OF WORK DRILL NEW WELL <input checked="" type="checkbox"/> REENTER P&A WELL <input type="checkbox"/> DEEPEN WELL <input type="checkbox"/>						3. FIELD OR WILDCAT ANTELOPE CREEK				
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK				
6. NAME OF OPERATOR PETROGLYPH OPERATING CO						7. OPERATOR PHONE 208 685-7685				
8. ADDRESS OF OPERATOR 960 Broadway Avenue, Ste 500, Bosie, ID, 83703						9. OPERATOR E-MAIL ppowell@pgei.com				
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) 1420H623509			11. MINERAL OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>			12. SURFACE OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>				
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')				
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')				
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Indian Tribe			18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES <input type="checkbox"/> (Submit Commingling Application) NO <input checked="" type="checkbox"/>			19. SLANT VERTICAL <input checked="" type="checkbox"/> DIRECTIONAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/>				
20. LOCATION OF WELL	FOOTAGES		QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN			
LOCATION AT SURFACE	718 FNL 755 FWL		NWNW	10	5.0 S	3.0 W	U			
Top of Uppermost Producing Zone	718 FNL 755 FWL		NWNW	10	5.0 S	3.0 W	U			
At Total Depth	718 FNL 755 FWL		NWNW	10	5.0 S	3.0 W	U			
21. COUNTY DUCHESNE			22. DISTANCE TO NEAREST LEASE LINE (Feet) 718		23. NUMBER OF ACRES IN DRILLING UNIT 331					
			25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 903		26. PROPOSED DEPTH MD: 6058 TVD: 6058					
27. ELEVATION - GROUND LEVEL 5971			28. BOND NUMBER LPM4138336		29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342					
Hole, Casing, and Cement Information										
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight
Cond	20	14	0 - 54	5.0	Unknown	10.0	Class G	25	1.17	15.8
Surf	12.25	8.625	0 - 495	24.0	J-55 ST&C	10.0	Class F	227	1.17	15.8
Prod	7.875	5.5	0 - 6058	15.5	J-55 LT&C	10.0	Class G	483	1.92	12.5
							Class G	300	1.46	13.4
ATTACHMENTS										
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES										
<input checked="" type="checkbox"/> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER					<input checked="" type="checkbox"/> COMPLETE DRILLING PLAN					
<input type="checkbox"/> AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)					<input type="checkbox"/> FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER					
<input type="checkbox"/> DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)					<input checked="" type="checkbox"/> TOPOGRAPHICAL MAP					
NAME Ed Trotter				TITLE Agent			PHONE 435 789-4120			
SIGNATURE				DATE 11/14/2012			EMAIL edtrotter@easilink.com			
API NUMBER ASSIGNED 43013518750000				APPROVAL  Permit Manager						

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623509
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Bosie, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 10-04
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0718 FNL 0755 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNW Section: 10 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013518750000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	
<input checked="" type="checkbox"/> SPUD REPORT Date of Spud: 12/21/2012	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well was spud on 12/21/2012. We set 40' of 16" Conductor.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 December 28, 2012

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 12/27/2012	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623514			
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In			
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK			
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Bosie, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 10-04			
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0718 FNL 0755 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNW Section: 10 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013518750000			
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE			
STATE: UTAH					
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION <input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 2/11/2013 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	TYPE OF ACTION <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/> </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>			
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. On or around 2/11/2013, depending on equipment availability, Petroglyph Operating Company intends to perforate and fracture treat the following: 5026-28, 5040-42, 5093-5105, 5251-5254, 5282-85, 5389-91, 5434-40, 5534-37, 5772-77, 5909.5-19.5, 6002-04, 6020-22 & 6049-69. All perforations will be made using Titan 3 1/8" perf guns containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 spf @ 120* phased. We will frac using Delta 140 15# gelled fluid containing 20/40 mesh sand and use Halliburton 8K Composite Plugs for isolation.					
NAME (PLEASE PRINT) Rodrigo Jurado		PHONE NUMBER 435 722-5302			
SIGNATURE N/A		TITLE Regulatory & Compliance Spc			
DATE 1/18/2013					

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623514
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 10-04
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0718 FNL 0755 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNW Section: 10 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013518750000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 2/24/2013	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME		
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The date of first production for this well was 02/24/2013.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 March 06, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 3/1/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623509
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 10-04
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0718 FNL 0755 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWNW Section: 10 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013518750000
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION	OTHER: <input style="width: 100px;" type="text"/>
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 2/28/2013				
<input type="checkbox"/> SPUD REPORT Date of Spud:				
<input type="checkbox"/> DRILLING REPORT Report Date:				

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
 Please see attached form.

Accepted by the
 Utah Division of
 Oil, Gas and Mining
FOR RECORD ONLY
 April 23, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 4/22/2013	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3509
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
		8. WELL NAME and NUMBER: Ute Tribal 10-04
1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		9. API NUMBER: 4301351857
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		10. FIELD AND POOL, OR WILDCAT: Antelope Creek
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		PHONE NUMBER: (435) 722-2531
4. LOCATION OF WELL FOOTAGES AT SURFACE: 718' FNL, 755' FWL COUNTY: Duchesne QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWNW 10 5S 3W U STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: 2/28/2013	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 2/6/2013 Petroglyph Operating ran GR/CBL and found ETOC @ 125'. On 2/11/2013 we perforated and fracture treated the following: 6049-69, 6020-22, 6002-04, 5909-19, 5772-77, 5534-37, 5434-40, 5389-91, 5282-84, 5251-54, 5093-5105, 5040-42 & 5026-28.. Using Halliburton 8K Composite plugs for isolation, we then frac'd the following intervals:

6002-6069: 691 Bbls fluid cont 45,040#'s sand,
5270-5286: 566 Bbls fluid cont 40,060#'s sand,
5537-5434: 503 Bbls fluid cont 26,370#'s sand,
5251-5284: 524 Bbls fluid cont 29,421#'s sand,
5026-5105: 876 Bbls fluid cont 36,862#'s sand.

We frac'd using Dyna HT 25 15# gelled fluid containing 20/40 Mesh Sand. We perforated using Titan 3-1/8" perf guns containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 SPF @ 120* phased. All plugs were drilled out and cleaned out to 6360', PBTD. The well was swabbed until a good oil cut was seen. After running tubing and a pump, the well was put to pump on 2/28/2013.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>4-19-13</u>

(This space for State use only)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

AMENDED REPORT ☐ FORM 8
(highlight changes)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3509	
b. TYPE OF WORK: NEW WELL <input checked="" type="checkbox"/> HORIZ. LATS. <input type="checkbox"/> DEEP-EN <input type="checkbox"/> RE-ENTRY <input type="checkbox"/> DIFF. RESVR <input type="checkbox"/> OTHER _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe	
2. NAME OF OPERATOR: Petroglyph Operating Company, Inc.		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650	
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		8. WELL NAME and NUMBER: Ute Tribal 10-04	
4. LOCATION OF WELL (FOOTAGES) AT SURFACE: 718' FNL 755' FWL AT TOP PRODUCING INTERVAL REPORTED BELOW: 705' FNL 307' FWL AT TOTAL DEPTH: 714' FNL 297' FWL		9. API NUMBER: 4301351875	
14. DATE SPUDDED: 12/21/2012		10 FIELD AND POOL, OR WILDCAT Antelope Creek	
15. DATE T.D. REACHED: 12/29/2012		11. QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWNW 10 5S 3W U	
16. DATE COMPLETED: 2/22/2012		12. COUNTY Duchesne	
ABANDONED <input type="checkbox"/> READY TO PRODUCE <input checked="" type="checkbox"/>		13. STATE UTAH	
17. ELEVATIONS (DF, RKB, RT, GL): 5985' RKB		18. TOTAL DEPTH: MD 6,515 TVD 6,488	
19. PLUG BACK T.D.: MD 6,360 TVD 6,333		20. IF MULTIPLE COMPLETIONS, HOW MANY? *	
21. DEPTH BRIDGE MD PLUG SET: TVD		22. TYPE ELECTRIC AND OTHER MECHANICAL LOGS RUN (Submit copy of each) ACTR, SDDSN, Borehole Volume Plot, Cement Bond Log	
23. WAS WELL CORED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit analysis) WAS DST RUN? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> (Submit report) DIRECTIONAL SURVEY? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> (Submit copy)			

24. CASING AND LINER RECORD (Report all strings set in well)

HOLE SIZE	SIZE/GRADE	WEIGHT (#/ft.)	TOP (MD)	BOTTOM (MD)	STAGE CEMENTER DEPTH	CEMENT TYPE & NO. OF SACKS	SLURRY VOLUME (BBL)	CEMENT TOP **	AMOUNT PULLED
20	16 J-55	75	0	54					Conductor
12.25	8.625 J-55	24	0	514		G 350	72	0	
7.875	5.5 J-55	15.5	0	6,506		G 945	288	125' CBL	

25. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
2.875	6,110							

26. PRODUCING INTERVALS

FORMATION NAME	TOP (MD)	BOTTOM (MD)	TOP (TVD)	BOTTOM (TVD)	INTERVAL (Top/Bot - MD)	SIZE	NO. HOLES	PERFORATION STATUS
(A) Green River	5,026	6,069	4,999	6,042	5,026 6,069	0.42	156	Open <input checked="" type="checkbox"/> Squeezed <input type="checkbox"/>
(B)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>
(C)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>
(D)								Open <input type="checkbox"/> Squeezed <input type="checkbox"/>

28. ACID, FRACTURE, TREATMENT, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND TYPE OF MATERIAL
5,026'-6,069'	3,160 Bbls of Dyna HT 25 15# gelled fluid containing 177,753#'s of 20/40 Mesh Sand.

29. ENCLOSED ATTACHMENTS:

☒ ELECTRICAL/MECHANICAL LOGS ☐ GEOLOGIC REPORT ☐ DST REPORT ☒ DIRECTIONAL SURVEY
☐ SUNDRY NOTICE FOR PLUGGING AND CEMENT VERIFICATION ☐ CORE ANALYSIS ☒ OTHER: UDOGM Form 7

30. WELL STATUS:

POW

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 2/24/2013		TEST DATE: 3/17/2013		HOURS TESTED: 24		TEST PRODUCTION RATES: →		OIL – BBL: 83		GAS – MCF: 62		WATER – BBL: 9		PROD. METHOD: Rod Pump							
CHOKE SIZE: 28-64		TBG. PRESS. 300		CSG. PRESS. 317		API GRAVITY 39.40		BTU – GAS 1		GAS/OIL RATIO 747		24 HR PRODUCTION RATES: →		OIL – BBL: 83		GAS – MCF: 62		WATER – BBL: 9		INTERVAL STATUS: Open	

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:		TEST DATE:		HOURS TESTED:		TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used For Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Mahogany	3,000
				Garden Gulch	3,735
				B Marker	4,179
				X Marker	4,619
				Y Marker	4,656
				Douglas Creek	4,770
				B Lime	5,166
				Castle Peak	5,715
				Basal Carbonate	6,110
				Wasatch	6,382

35. ADDITIONAL REMARKS (Include plugging procedure)

All Frac and Perf info is condensed. Please see NOI and Subsequent Frac Sundry for detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance SpecialistSIGNATURE DATE 5/2/2013

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
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